



## **Mental Health Update April 27, 2007**

### **Public Forum**

A public forum will be held to discuss Vermont's application for the Federal Grant Program: **State Incentive Grant to Build Capacity to Implement Alternatives to Restraint and Seclusion.**

Wednesday, May 2nd, 2007

11 am to 12:30 pm

Waterbury, VT

Meeting Room: Chapel Conference Room, Waterbury State Complex

The Vermont Department of Health (VDH) is seeking input from any interested stakeholders regarding the development of its application. Interested parties are invited to attend an open forum on May 2<sup>nd</sup>, 2007 in Waterbury, Vermont from 11 am to 12:30 to discuss the ways in which Vermont could use federal grant funding to implement alternatives to restraint and seclusion at the Brattleboro Retreat and the Vermont State Hospital. VDH plans to use input from this public forum to help develop its application for this grant program. A copy of the federal Request for Applications for this grant program can be found at:

[http://www.samhsa.gov/Grants/2007/sm\\_07\\_005.aspx](http://www.samhsa.gov/Grants/2007/sm_07_005.aspx)

If you are unable to attend this meeting but would like to provide input to VDH re: this grant application, please contact Michelle Hough at [mhough@vdh.state.vt.us](mailto:mhough@vdh.state.vt.us) or 802-652-2000.

### **Report on Last Summer's Site Visit from the Center for Mental Health Services and Consultants (CMHS)**

The much-anticipated report from the national mental-health site visitors who came to Vermont last summer has finally arrived. The report highlights strengths in Vermont's mental-health system for adults as well as for children and adolescents and their families. In adult services, the CMHS consultants found Vermont outstanding for widespread evidence-based practices. The state has implemented five of the six such practices currently recognized: Assertive Community Treatment (ACT), Family Psychoeducation, Illness Management and Recovery, Integrated Dual Diagnosis Treatment (IDDT) for adults with both mental illness and substance-abuse issues, and Supported Employment. In Children's Services, the consultants pointed to Vermont's demonstration of the effectiveness of respite services, therapeutic foster care, and therapeutic family case management. Strengths across both systems include data-based quality management, accessible and straightforward fiscal information, and research and statistical capacities for both routine and ad hoc reporting.

Some samples of other findings at the state level:

- The Division of Mental Health's significant support from the state for a strong, active statewide consumer/ex-patient organization (Vermont Psychiatric Survivors) and meaningful family involvement (the Vermont Federation of Families for Children's Mental Health and the National Alliance for the Mentally Ill—Vermont)
- The vital role that statewide and local program Standing Committees play in promoting and ensuring consumer and family involvement at all levels of the system of care
- Consistent and ongoing efforts to enhance and refine the quality and effectiveness of the service system: the work of the Clinical Practices Advisory Panel, the Vermont Mental Health Performance Indicator Project, the Vermont State Hospital Futures Planning process, and "the strategic manner in which the State's compliance monitoring and quality improvement processes have been used to address the quality and appropriateness of care and to provide system leadership and oversight"
- Vermont's passage of key legislation on interagency services for children and adolescents and their families eighteen years ago

The site visitors went to Washington County Mental Health Services (WCMHS) to get an idea of mental-health services at the local level. They found WCMHS's services to adults to be an area of strength; they are "comprehensive, community-based, and recovery-oriented," frequently provided collaboratively with other agencies. In Children's Services, WCMHS's strong commitment to Act 264 is obvious and working well.

Read the full report at:

<http://healthvermont.gov/mh/docs/documents/MHBlockgrantreport07.pdf>

### **Acute Care Manager joins DMH**

Mr. Kevin McKivergan will join the Division of Mental Health as the new Acute Care Manager on Monday, April 30<sup>th</sup>. After completing his B.S in Mental Health and Human Services from Franciscan University of Steubenville, he went on to earn his M.A. in Counseling from the same University. Mr. McKivergan has been employed through Howard Center for Human Services where he worked for ten years as a Crisis Clinician at the Assist Program. Mr. McKivergan's primary responsibilities will be working with acute care systems and Designated Agencies, performing care reviews for clients in acute care beds throughout the state.

### **National Alliance for the Mentally Ill (NAMI) Provider Education Class**

In April and May, NAMI's Provider Education class will be offered at the Vermont State Hospital in Waterbury. The teaching team of family members and consumers includes veteran teachers Abby Bassett, Linda Isham, Fran Levine, Joy Prior and Diana Slade. Their diverse experiences as consumers, family members, and service providers will offer a rich experience for every participant. All mental health providers are eligible to attend

free of charge. It will be offered on Fridays for five weeks beginning on April 27, May 4, 11, 18 and 25. To register, please call the NAMI-VT office at (800) 639-6480, or e-mail Linda at [namivt@verizon.net](mailto:namivt@verizon.net).

## **FUTURES**

### **Advisory Committee Agenda and Meeting Date**

The Futures Advisory Committee will meet on May 7, 2:00 to 4:30, in the Skylight Conference Room in Waterbury to consider the following issues:

- Presentation by Retreat Healthcare for a 16-bed psychiatric inpatient program
- Discussion of pertinent law and procedure for non-emergency involuntary interventions under Act 114
- Cost modeling for inpatient configuration options in the Phase II CON process.

A draft of the different inpatient configuration options to be analyzed is posted at: <http://healthvermont.gov/mh/futures/documents/FuturesOptionAnalysis040607.pdf>

### **Corrections Inpatient Work Group**

Members of the work group from Mental Health and Corrections are working to develop a common picture of the screening and referral process for admission to VSH, the mental health services provided in Corrections and how referrals and transfers from Corrections to VSH are handled. The group plans to complete this phase of its work at its May 21<sup>st</sup> meeting. It will then begin the research and analysis phase for developing a methodology to estimate the psychiatric inpatient capacity needed by the Department of Corrections. This will enable the Futures Project to incorporate an appropriate range of bed capacity for Corrections.

### **Second Spring Community Advisory Group**

As the Second Spring community residential recovery program hires and trains its staff, welcomes visiting patients from the Vermont State Hospital, installs kitchen equipment, computers and phones, and gets ready to open in May, the Community Advisory Group is also meeting and working on their role in providing community input and support. They will be seeking a facilitator for their meetings---someone from the group who is not on the staff of Second Spring. They wish to add more consumers and community members to the group. They would like a monthly update on community feedback such as how the residents are doing in the community.

Family members, consumers, and people from the community are encouraged to join the group!

Next meeting of Community Advisory Group: May 17, 5:00 to 6:30 at Second Spring. Upcoming meetings are the 4<sup>th</sup> Thursday of each month, except if the day falls on a holiday.

## **VERMONT INTEGRATED SERVICES INITIATIVE**

### **NIATx Summit, 2007**

Two members of the VISI team attended the Network for the Improvement of Addiction Treatment (NIATx) summit in San Antonio, Texas. The team members were there to learn about quality improvement tools that could assist providers working with the VISI initiative to enhance their co-occurring services. The goals of NIATx are to help agencies reduce waiting time, reduce no-shows, increase admissions and increase continuation in services. The key NIATx principles are to understand and involve the customer, fix key problems, pick a powerful change leader, get ideas from outside the organization or field and use rapid-cycle testing to establish effective change. One of the NIATx tools is a walk-through where staff members experience the treatment process just as the customer does. The goal is to see the agency from the customer's perspective from the first call for help, to the intake process, through the final discharge. NIATx also uses a Plan, Do, Study, Act (PDSA) Cycle as an effective way to learn what will work in an organization. The PDSA Cycle begins with a Plan and ends with Action based on the learning gained from Plan, Do, and Study phases of the cycle.

VISI will be considering ways in which it can use the NIATx principles and tools to better support providers in their work with people who have co-occurring conditions.

### **VISI Partners**

VISI is pleased to announce its partnership with the Clara Martin Center. VISI and Clara Martin will work together to build state, provider and regional capacity to better provide co-occurring capable services to people with co-occurring conditions.

## **VERMONT STATE HOSPITAL CENSUS**

The Vermont State Hospital Census was 51 as of midnight Wednesday night. The average census for the past 45 days was 50.